

**MULTIPLE DEPENDENT CLAIM  
FEE CALCULATION SHEET  
(FOR USE WITH FORM PTO-875)**

SERIAL NO. <i>10/391597</i>	FILING DATE
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APPLICANT(S)

**CLAIMS**

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
	IND.	DEP.	IND.	DEP.	IND.	DEP.	
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50							
TOTAL IND.			↓		↓		↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS			6				

	AS FILED		AFTER 1 <sup>ST</sup> AMENDMENT		AFTER 2 <sup>ND</sup> AMENDMENT		
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99							
100							
TOTAL IND.				↓			↓
TOTAL DEP.			←		←		←
TOTAL CLAIMS							